



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

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Message From the President

Disaster Planning by the MSBN

by Robin S. Vogt, PhD, RN, FNP-C
President, Missouri State Board of Nursing

Missouri, as well as the nation, has heightened the focus on preparedness for acts of terrorism and potential homeland threats. Governor Holden has formed the Office of Homeland Security and the Missouri Security Panel to prepare a statewide plan of action to respond to the threat of bioterrorism.



Vogt

The Missouri State Board of Nursing (MSBN) has elected to develop a *volunteer* list to assist in identifying qualified nurses should an event occur. This list would support Missouri citizens in times of crisis and disaster. Our goal will be to aid in maintaining a databank of nurses who have registered as a *volunteer* with the MSBN with training in disaster and emergency preparedness as well as other critical areas needed when an event occurs.

We are currently working on the database and will keep you informed of how you can become a volunteer if you choose.

Some of the information we plan to gather will be:

Name, license #, employer, home/work address, home/work/cell phone number, e-mail address, how best to reach you during the week and on weekends, employment setting, languages spoken other than English, how soon could you be available, how long could you be available, and how far away could you respond. We will also be collecting data on emergency training (i.e. ACLS, ATLS, PALS, TNS, TNCC) and training in nuclear, biological and chemical events. It will be the responsibility of the nurse to keep this information current.

The plan is for nurses to sign a waiver to allow the MSBN to release this information in the event of a disaster. The nurses on the list will have unencumbered, current licenses. With the Promo Licensing System used by the MSBN, if an event should occur and help was needed, a list could be generated based on the zip code of local nurses trained in areas of needs identified. This would be purely *voluntary* with the expectation of addressing the needs of your own facility first.

Our current statute allows if an event should occur in Missouri and a disaster is declared by either the Governor or the MSBN President, nurses currently licensed in other states can practice in our state.

We are working very hard to accomplish this goal and will keep you informed when we are able to accept volunteer information. It is our hope, as a Board, to be able to facilitate the needs of citizens both rural and urban should anything so devastating as September 11, 2001, occur again.

“Nurses, Making a Difference One Life at a Time”

Jefferson City, MO – The **Missouri Nursing Coalition** announced that Cheryl Sisson was the winner of its "How I Made a Difference in Someone's Life" essay contest. The contest was part of the activities planned to celebrate National Nurses Week, May 5–11.

Sisson's essay focused on her experience in helping a small child with a brain tumor. Because of the teamwork between herself and the child's attending physician, Sisson's suggestion for additional tests diagnosed the tumor. The child's mother was very appreciative and personally thanked Sisson for her insight, knowl-

edge, and personal comfort.

Health care facilities across the state participated in the contest. Sisson's essay was selected out of the 29 entries received. She is a nurse manager on the medical/surgical unit at Lake Regional Hospital in Osage Beach, Mo. She has been a registered nurse for 11 years. Her winning essay is printed below.

The Missouri Nursing Coalition Members include the Missouri League for Nursing, the Missouri Nurses Association, the Missouri State Association of LPNs, the Missouri Organization of Nurse Executives and the Missouri Board of Nursing.

How I Made a Difference in Someone's Life

by Cheryl Sisson, RN
Lake Regional Hospital

A Christmas Present

She should have been an easy patient. A 3-year-old admitted with nausea and vomiting.

She was a beautiful little girl with long, blonde hair. She would not arouse and had occasional tremors. I notified her doctor – he told me she was just cold and tired so I should give her a warm blanket and let her sleep. I thought she was possibly having seizures. He agreed to my suggestion of a CT Scan and EEG.

I carried her to the CT Scanner. I had been through this before and they were always OK. Not this time. The radi-

ologist showed the mom a golf ball sized tumor in her brain; she would need a shunt put in immediately.

We would have to ship her. I prayed to God to just let her make it. Unable to find words to comfort her mom, we stood crying together as the helicopter flew away.

It was just after Christmas when I was told I had visitors at the desk. It was the mom and beside her stood a beautiful little baldheaded girl grinning at me. The mom started to cry and told me of all that had happened, but that she had come to thank me for saving her baby. "I know YOU are the reason I still have her."

In that very instant, years of emptying bedpans and shifts from hell meant nothing for I had made the difference in someone's life and THAT is what it's ALL about!

GOVERNOR

The Honorable Bob Holden

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Missouri Legislation

by Lori Scheidt, BS
Acting Executive Director

In the last edition of the newsletter, I provided you with a list of bills that would have an impact on the Board of Nursing. The session ended on May 17, 2002. The Governor must now sign bills that were passed. Signed bills are effective on August 28, 2002. Here is the final outcome of the bills that were mentioned in my last article.

- HB 1105 – Office of Administration’s Regular Budget bill for next year – passed.
- HB 1107 – Department of Economic Development’s Budget bill for next year – includes the Board of Nursing’s budget – passed.
- HB 1115 – Office of Administration’s (OA) Supplemental Budget bill for this year – passed.
- HB 1689 – Professional Registration Bill – Did not pass, however, portions of this bill did pass as an amendment to House Bill 1600.
- HB1208 RN First Assistants – Establishes the criteria for use of the title "registered nurse first assistant" and requires insurance coverage for the services provided by such assistants – Did not pass.
- HB 1644 – Mandatory Reporting bill – Expands the list of medical facilities and agencies that must report disciplinary actions to include long-term care facility, hospice, home health agency and assisted living facility – Did not pass.
- HB 1796 – Enacts the nurse license compact – Did not pass. Please refer to the nurse license compact article in this newsletter for more information.
- HB1871 – Allows registered nurses to order therapies under collaborative agreements if the registered nurse is an advanced practice nurse – Did not pass.
- HB 2090 – Prohibits disclosure of home addresses of professional licensees or applicants without written consent – Did not pass.
- SB 1082 – Outlines minimum staffing requirements for skilled nursing facilities – Did not pass.
- SB 0752 – Requires health plans to cover all services provided or ordered by registered nurse first assistants – Did not pass.
- HB1718 – Enacts and amends various provisions regarding long-term care staffing, career ladder provisions, and quality of care issues – Did not pass.
- HB1923 – Establishes a nurse staffing plan for hospitals – Did not pass.

House Bill 1115, Office of Administration’s Supplemental Budget bill for this year included a cost allocation plan which allowed OA to transfer \$86,433 from the Board of Nursing’s fund on May 1, 2002. \$66,171 came directly from the Board of Nursing’s fund and \$20,262 came from Professional Registration Fees Fund (the Board was assessed 29.47% of the total Professional Registration Fees Fund of \$68,753). Cost allocation plans are used to recover costs for services provided to others and are an acceptable accounting practice. This fiscal year is the first year of implementation for this cost allocation plan. This will be a recurring cost.

House Bill 1107, which includes the Board of Nursing’s budget included the request for two full-time staff investigators and one full-time support staff position. An audit report indicates that a cost savings will be realized if more investigations are conducted by staff investigators and less by contract investigators. With approval of this decision item, the Board will be able to determine if cost savings can be realized. The Board will measure the number of cases investigated, the total cost of each case, the quality of each investigation, and the time to complete each investigation. The ultimate goal will be to save money but main-



Scheidt

tain the same quality and volume of completed investigations.

I also received some questions about the Board’s request to allow the executive director to be a nurse or non-nurse. The Board did chose to request that the requirement that the executive director must be a nurse be removed. The Board of Nursing has 25.5 FTEs and nine contract employees with an annual budget of approximately 1.8 million dollars. When the Board was formed in 1909, the executive director was the only nurse employed by the Board. As the number of licensees has increased, so has the work of the Board. There are now three RN positions in the Board office responsible for issues related to nursing practice, nursing education and discipline. The executive director provides direction and leadership toward the achievement of the Board's philosophy, mission, strategy, and its annual goals and objectives. Major functions of the executive director are:

- Board Administration and Support -- Supports operations and administration of Board by interfacing between Board and staff;
- Program, Product and Service Delivery -- Oversees design, delivery and quality of programs, products and services;
- Financial Management -- Recommends yearly budget for Board approval and prudently manages organization's resources within those budget guidelines according to current laws and regulations;
- Human Resource Management -- Effectively manages the human resources of the Board according to authorized personnel policies and procedures that fully conform to current laws and regulations; and,
- Community and Public Relations -- Assures the organization and its mission, programs, products and services are consistently presented in a strong, positive image to relevant stakeholders.

A nurse with a business background or a qualified individual with a business-related degree and background may accomplish these functions. The members of the Missouri State Board of Nursing hire, evaluate and (when necessary) terminate the executive director.

The executive director does not vote or make policy decisions. The Board is the decision-making body. The executive director is charged with carrying out directives made by the Board. The Nursing Board is the only board within the Division of Professional Registration that currently requires by statute that the executive director to be a member of the profession. The language change will allow the Board to select an executive director from a broader applicant pool.

It is important to know that the members of the Missouri State Board of Nursing consist of nine members, five of whom must be RNs, two must be LPNs, one must be a public member and one is an undesignated member. Two of the five RNs on the Board must hold graduate degrees in nursing and at least one RN must represent nursing practice. All the Board members (with the exception of the public member) must have been actively engaged in nursing for at least three years immediately preceding the appointment or reappointment to the Board. Membership must include representation in each level of educational programs such as practical, diploma, associate degree and baccalaureate.

Several of you called our office wanting to know what you could do to impact legislation. I would like to offer some thoughts on how you might stay active in shaping the future of nursing.

- 1) Track legislation. The state’s Web site is updated daily during the legislative session and has some great tools you can utilize to track legislation that will affect your practice. The Web address is www.state.mo.us
- 2) You have an important role to play in educating public officials about the issues you deal with every day. There are several ways you can stay active in legislative issues, such as letter writing, visiting and establishing relationships with legislators and their staff.
- 3) Keep your address current with the Board of Nursing so you continue to receive newsletters. Any changes to the nursing practice act will be communicated in the newsletter.
- 4) Utilize the services offered by a professional organization such as the Missouri LPN Association (MOSALPN) and the

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IMPORTANT TELEPHONE NUMBERS

| | |
|---|--------------|
| Department of Health & Senior Services (nurse aide verifications and general questions) | 573-526-5686 |
| Missouri State Association for Licensed Practical Nurses (MoSALPN) | 573-636-5659 |
| Missouri Nurses Association (MONA) | 573-636-4623 |
| Missouri League for Nursing (MLN) | 573-635-5355 |
| Missouri Hospital Association (MHA) | 573-893-3700 |

Missouri Nurse’s Association (MONA). Most professional organizations employ a full-time lobbyist that serves as one voice for the professional association.

5) Consider serving on the Board of Nursing. You can contact the Division of Professional Registration for information on how to apply to serve as a member of the Board. The Board currently has a vacancy for a Licensed Practical Nurse member.

6) Offer to speak at local junior and high schools about the nursing profession in order to help recruit individuals into the profession. Your life experiences on how you have made a difference in someone’s life might be a deciding factor in a young person’s career choice.

This was my first year to attend hearings at the State Capitol. Prior to this year, I knew the process on how a bill becomes a law but had never experienced it first-hand. I can tell you that I now have a stronger appreciation for our legislators. They work many hours late into the night and struggle with difficult issues.

Nurse License Compact

by Lori Scheidt, BS
Acting Executive Director

In recent months, our office has received a number of calls from individuals about the nurse license compact. Questions ranged from "What is it?" to "Why isn't Missouri a compact state?"

A compact is an agreement between two or more states established for the purpose of remedying a particular problem of multistate concern. In this case, the nurse license compact is the agreement and the multistate concern is nurse licensure. This model is similar to the driver's license model. A driver's license is required in your state of residence but allows you to drive in any state that is a part of the driver's license compact. Mutual recognition for nurse licensure allows nurses to practice across state lines, as long as they comply with the statutes and regulations of the state where care is delivered.

Under the mutual recognition model for nurse licensure, the nurse would obtain initial licensure in the state of residence and be granted the privilege to practice nursing in any state which has become a party to the interstate compact. Practice across state lines would be allowed either physically or electronically, unless the nurse is under disciplinary action. A national centralized information data system is in place to keep the nurse's licensure record current and accessible to boards of nursing, and the nurse would need to renew his/her license in only one state. This centralized data system (called the coordinated licensure information system) will provide varying levels of access, including access by the public and nursing employers.

As experts in nursing regulation, the members of the Missouri State Board of Nursing and key staff have spent a great deal of time studying the nurse license compact and monitoring the progress made by states that have enacted the compact. The Board believes that the nurse license compact will allow greater access to safe, qualified nurses without regard to state lines. With this model of regulation, **nurses can avoid the added fees and time for duplicative licensure in multiple states.**

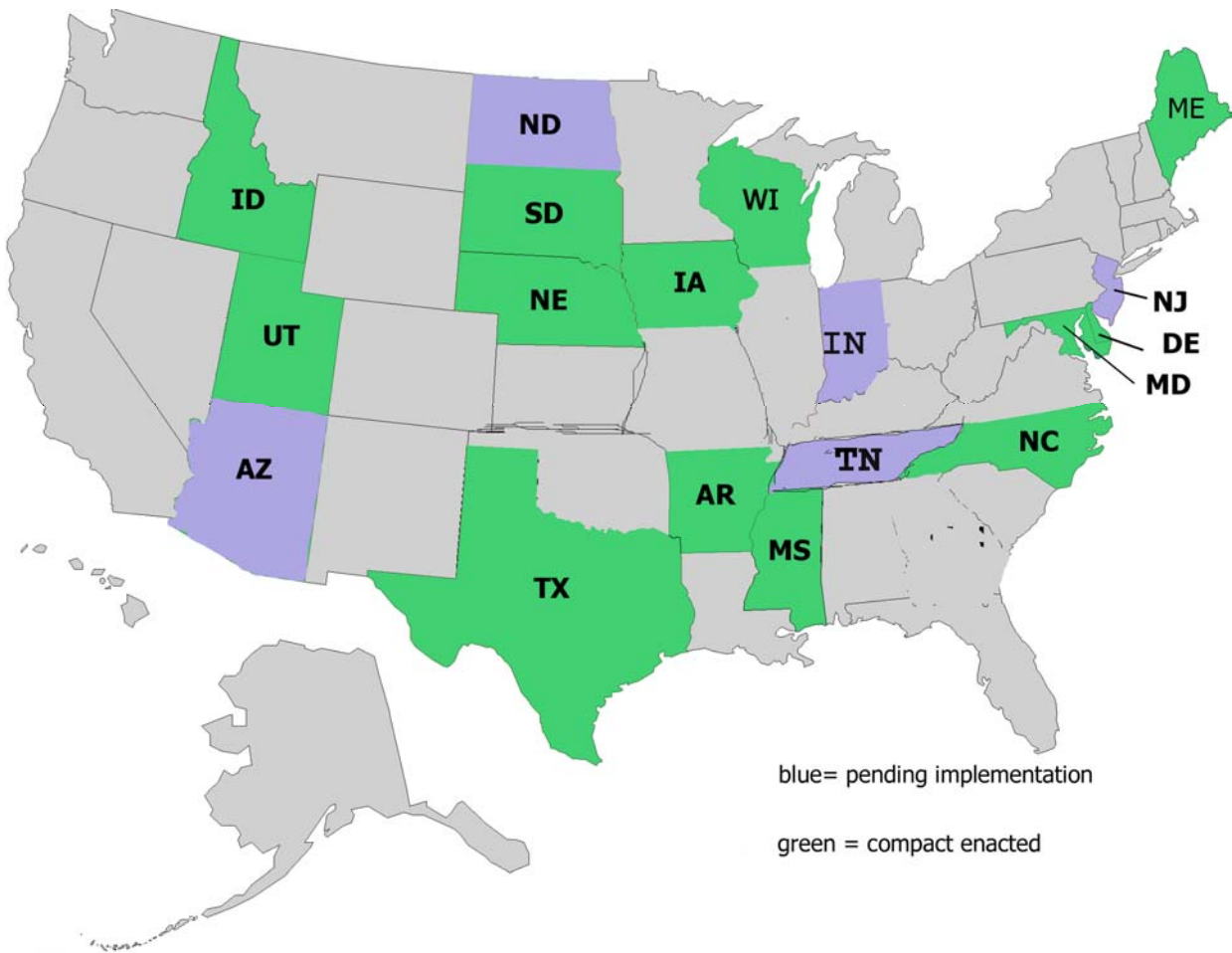
In addition to the benefits to nurses, this system also benefits consumers. Consumers want access to quality care without bureaucratic hurdles. Having a nurse demonstrate the same licensure qualifications to multiple states for comparable authority to practice is cumbersome and is nei-

ther cost-effective nor efficient.

Mutual recognition for nursing regulation meets the needs of changing practice methods and technology. Most of you have probably experienced some form of telenursing. Telenursing is defined as the practice of nursing over distance using telecommunications technology.¹ Today, nurses can provide care over the telephone or videophone; utilize a fax machine, computer or interactive television; or use video conferencing. Currently, the nurse must be licensed in the state where the patient receiving the advice and instruction is located. The current regulatory system poses barriers

to telenursing, which can particularly benefit patients in rural areas. Mutual recognition benefits consumers by providing continuity of care and access to nurses without regard to state lines.

In 1998, delegates of the National Council of State Boards of Nursing (NCSBN) endorsed the nurse license compact model. Utah was the first state to adopt the compact in March 1998. Since that time, 17 other states have joined the compact. The states that have enacted the nurse license compact are: Arizona, Arkansas, Delaware, Idaho, Indiana, Iowa, Maine, Maryland, Mississippi, Nebraska,



Compact cont. on pg. 4

Compact cont. from pg. 3

New Jersey, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah and Wisconsin.

All this information may lead you to ask, "Why isn't Missouri a member of nurse license compact?" The short answer is that it requires passage of legislation for the Missouri State Board of Nursing to be a member of the nurse license compact and opposition exists. During this past legislative session, Representative Wayne Crump (Democrat-Potosi) introduced House Bill 1796 which would allow the Missouri State Board of Nursing to be a member of the nurse license compact. On Feb. 14, 2002, a public hearing was held on the bill before the House Professional Registration and Licensing Committee. During a committee hearing, individuals in support or opposition may provide testimony. During the public hearing, representatives from the Missouri Nurses Association (MONA) and a representative from the Service Employees International Union (SEIU) testified in opposition to the bill. The bill was not voted out of committee.

Opposors voiced concern about the cost of the coordinated licensure system that is a part of the nurse license compact. The coordinated licensure system already exists. The coordinated licensure information system enables sharing of information. All information involving any action is accessible to all party states. The Disciplinary Data Bank, which is a subset of the coordinated licensure information system containing only final actions, would continue to be accessible to non-party, as well as party states under the current system. The National Council of State Boards of Nursing developed the system and Missouri has been providing information to the coordinated licensure system since 1999. We currently share investigative information with other state boards of nursing through 620.010, RSMo through two federal data banks, the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). Another part of this system is Nursys, which is used by all state boards of nursing to electronically verify licenses in other states.

Opposition testimony also indicated concern over how the compact rules would be developed. The compact rules already exist. If the compact were enacted, Missouri would have to follow the current rule filing process to promulgate the rules which includes publication in the Secretary of State's *Missouri Register* and an opportunity for public comment.

Concern was also voiced over how licenses would be disciplined. The compact allows both the state of licensure (home state) to take disciplinary action and the remote state to take action against the privilege to practice.

I also heard concern that the nurse license compact does not address advanced practice nurses. This is true. We are committed to including all levels of nursing within the mutual recognition model; however, there will be a different timeline for including APRNs. In large part this is due to the fact that the uniformity that is present in the licensure requirements for RNs and LPNs is not present for APRNs. As the National Council of State Boards of Nursing devel-

oped strategies for mutual recognition, it became apparent that the model must be founded on the establishment of uniform APRN licensure requirements by the states. The strategy to accomplish this includes:

- the development of uniform licensure requirements;
- the implementation of those requirements by the state; and
- the participation in an interstate compact for APRNs by those states that have implemented the uniform licensure requirements.

I am pleased to report that the members of NCSBN will be voting on core APRN licensure requirements and APRN compact language during their August 2002 annual meeting.

I told you that Missouri has monitored how implementation has fared in other states. I would like to share with you reactions from states that have enacted the nurse license compact.

Arkansas

There are hundreds of nurses licensed in Arkansas that have their primary state of residence as Missouri. For Missouri nurses, therefore, it will save money because they won't have to renew the Arkansas license. We endorse about 100 nurses per year from Missouri into Arkansas, those nurses would not miss any work time because they will be able to come in and go to work immediately on their Missouri license - a real asset for the nursing shortage. Your hospitals/health care facilities will have better recruitment from the neighboring state if the neighboring state is a compact state. The nurse can come to work immediately in the neighboring state so it's good for hospitals, etc.

Iowa

The legislation was very helpful for nurses and employers. Iowa had many nurses who held two or more licenses because of their work location. The nurses were able to move to just one license and it covered them even when their care was in two or more states. It has been especially helpful with community health, because these agencies may accept a client who is in the neighboring state and the nurse needs to be licensed in that state as well as the state with the employer. Now, there is no wait for the license nor is there a concern that only one nurse in the agency has the appropriate second license and may not be available to provide the needed care.

There have been work settings in rural Iowa that were able to staff vacancies quickly because they could use a nurse with a compact license and did not need to wait for endorsement processing. This would also be true for staffing with nurses from a temporary agency. The nurses can be on the job without delays. Those jobs are short term and the nurse and employer do not need to be concerned about the endorsement process or working with a temporary license.

Iowa has some of its metropolitan areas on the river borders, and the nurses were advantaged by being able to respond to work setting needs more quickly and by being able to do their work with only one license as opposed to holding several licenses.

The advantages for the nurses, citizens and employers

are clear.

Nebraska

Faculty that supervise students in clinical agencies that are located in two different states and our Omaha/Council Bluffs situations are good examples for all of our Omaha nursing programs.

Companies that own, operate and staff agencies that are located in two different states (such as Alegant who has hospitals, clinics, doctor's offices, etc.) and the Omaha/Council Bluffs situations are good examples of beneficiaries of the compact.

A third example would be travel nurses and we have had a lot of them. Travel nurses can start as soon as they get to town--weekends or otherwise--no need to be processed through the Board.

Texas

We have had just a few discipline cases. One involved a nurse who had a drug problem and she fled Texas for Nebraska. They got a report immediately and knew we had an investigation going. They suspended her privilege and then we revoked her license. There was excellent cooperation among Iowa, Nebraska, and Texas. I guess the biggest positive concerning discipline is that we have broadened our view of our "public," seeing the greater public interest as including our sister Compact states. Mutual recognition is shared jurisdiction, shared discipline, shared data, etc.

The Missouri State Board of Nursing believes that enactment of the nurse license compact would assist with the Governor's Homeland Security efforts. In discussions with individuals that assisted with the terrorist attack in New York, it was discovered that hundreds of nurses and doctors volunteered to assist. One of the biggest problems they had was trying to determine if the individuals were licensed professionals. Enactment of the compact would facilitate mobilization of nurses and access to one-source verification of qualifications.

The Missouri State Board of Nursing plans to request permission to pursue the nurse license compact during next year's legislative session. Enactment of the nurse license compact would change nursing regulation for the State of Missouri. I encourage you to become educated on this issue and to contact your legislators to voice your opinion.

More detailed information can be found on the National Council of State Boards of Nursing's Web site at www.ncsbn.org. This site contains frequently asked questions and answers as well as the actual nurse license compact language.

¹ National Council of State Boards of Nursing (NCSBN) Telenursing - A Challenge to Regulation Position paper, 1997)

National Council of State Boards of Nursing Video on Chemical Dependency Wins Sigma Theta Tau Award

Chicago, IL. (May 23, 2002) The National Council of State Boards of Nursing (NCSBN) (www.ncsbn.org) is pleased to announce that its video and facilitation package, *Breaking the Habit: When Your Colleague is Chemically Dependent*, has won Sigma Theta Tau International's (STTI) 2002 Nursing Electronic Award. Biennially, STTI honors nurses who demonstrate professional excellence through their Pinnacle Award program. The Nursing Electronic Award is granted based, in part, on a positive portrayal of nursing, overall effectiveness, and creative presentation of subject matter. This is NCSBN's second Nursing Electronic Award from SSTI. The NCSBN video and facilitation package, *Crossing the Line: When Professional Boundaries are Violated*, was honored in 1999.

NCSBN developed the *Breaking the Habit* package to support goals from boards of nursing to deal proactively, through education, prevention and early detection, with chemical dependency in licensed nurses. Included in the package is a video and valuable instructor tools: master overheads for projection, facilitator's notes, interactive learning exercises, and a detailed reference list. The video includes narrative, expert opinions and dramatization of the issues. The program is for every nurse in every practice setting or level of practice, including students.

The *Breaking the Habit* content was developed utilizing the work of NCSBN's 1996-1997 Disciplinary Resource Modules Task Force. The package was developed and published by NCSBN with the assistance of Niche Communications. Vickie Sheets, JD, RN, CAE, Director of Practice and Regulation at NCSBN edited the content.

NCSBN Video Packages can be purchased through Niche Communications, nichecom@comcast.net or (410) 335-2618. Sample clips from the video can be found online

at National Council's Learning Extension, www.nclex.com.

Breaking the Habit: When Your Colleague is Chemically Dependent (2001)

This video tackles one of the most serious problems facing the nursing industry by focusing on the experience of one chemically dependent nurse and her co-workers. The viewer is presented with two different outcomes that illustrate the dilemmas that colleagues face. The program presents the topic of reporting colleague drug addiction in a captivating and empathetic manner and provides a comprehensive intervention strategy.

Crossing the Line: When Professional Boundaries Are Violated (1998)

This video promotes nurses' awareness of the challenges presented by maintaining effective professional boundaries by telling the story of one nurse who fails to recognize the warning signs of over-involvement, and by showing what can happen if appropriate boundaries are not identified and maintained. A positive approach to preventing problems, identifying possible interventions, and developing a repertoire of responses is stressed. The program also addresses that under-involvement (when a nurse does not sufficiently connect with a client) can also result in a client with unmet needs and a nurse who is professionally unfulfilled.

Delegating Effectively: Working Through and With Assistive Personnel (Coming Summer 2002)

This video provides the foundation for developing solid delegation skills. It outlines a step-by-step approach to insure the best way to meet clients needs by working effectively through and with others, specifically assistive personnel.

National Council of State Boards of Nursing welcomes Two More States to the Nurse Licensure Compact

Chicago, IL. (May 7, 2002) The National Council of State Boards of Nursing (NCSBN) www.ncsbn.org announces that Indiana and Tennessee have recently passed legislation to implement the Nurse Licensure Compact. Both states will begin the rule writing process to work toward implementation of the Compact in the near future. This brings the total to 18 states that have currently enacted the model legislation providing for participation in the Compact. Other states in the Compact include: Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Jersey, North Carolina, North Dakota, South Dakota, Texas, Utah and Wisconsin.

In 1997, the NCSBN Delegate Assembly endorsed a mutual recognition model of nursing regulation. Boards of nursing worked together to develop an interstate compact, under which nurses would hold a license in their home state and be able to practice in another compact state, provided that they follow the laws and regulations in the state of practice. Each individual board of nursing decides whether to pursue adoption of mutual recognition in their respective states, and NCSBN supports both the single state and the Compact approach to nurse licensure.

The NCSBN Board of Directors said in 1998 that the goal of mutual recognition was to simplify government processes and remove regulatory barriers to increase access to safe nursing care. In addition, this regulatory initiative meets the needs of a changing health care delivery environment for the following reasons:

- New practice modalities and technology are raising questions regarding issues of current compliance with state licensure laws.

- Nursing practice is increasingly occurring across state lines.
- Nurses are practicing in a variety of settings and using new technologies that may occur across state lines.
- Expedient access to qualified nurses is needed and expected by consumers without regard to state lines.
- Expedient authorization to practice is expected by employers and nurses.
- Having a nurse demonstrate the same licensure qualifications to multiple states for comparable authority to practice is cumbersome and is neither cost-effective nor efficient.

"While the Compact is not a solution to the nursing shortage, it does allow nurses expedient and efficient authorization to practice in participating jurisdictions," said Kathy Apple, NCSBN Executive Director.

For those jurisdictions seeking implementation assistance with the Compact, the Nurse Licensure Compact Administrators (NLCA) is a separate, incorporated body made up of the participating state-designated Compact administrators. The current chairperson of the NLCA is Laura Poe, Executive Administrator of the Utah Board of Nursing.

NCSBN is the organization through which the boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, which includes the development of licensure examinations for nursing.

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

National Council of State Boards of Nursing Holds 8th Annual Advanced Practice Nurse Roundtable

Chicago, IL. (May 8, 2002) Fifty individuals, representing the leading nursing certification programs, accrediting agencies, and advanced practice nursing organizations, attended the National Council of State Boards of Nursing's (NCSBN) www.ncsbn.org annual Advanced Practice Registered Nurse (APRN) Roundtable held April 25, 2002. Kathy Thomas, Executive Director of the Texas Board of Nurse Examiners and chair of NCSBN's APRN Task Force, moderated the meeting. Laura Poe, Executive Administrator of the Utah Board of Nursing, led a discussion on a draft of an APRN compact.

The annual roundtable participants discussed activities pertinent to the NCSBN's 61 state and territorial boards of nursing and the advanced practice community. This year's meeting focused primarily on three important NCSBN initiatives. First, they discussed the proposed development of an APRN interstate compact for mutual recognition of advanced practice nurse licenses across states, which is to be considered by the NCSBN Delegate Assembly at its annual

meeting in August. Second, the group reviewed criteria for accreditation of advanced practice certification programs. Lastly, they discussed proposed changes to the Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements. More information regarding these initiatives is located on the NCSBN Web site.

"It is important that the nurse regulatory community have this important dialogue with these key stakeholders to insure that the public is being protected by the many contributions advanced practice nurses can offer," said Kathy Thomas. "The best type of regulation takes place in an innovative and collaborative environment," she added.

The APRN Roundtable has been sponsored by NCSBN since 1995 to discuss common issues of concern with APRN organizations such as certification programs. Many boards of nursing use APRN certification examinations as one criterion for advanced practice licensure. The roundtable began as a way to promote communication among APRN stakeholders.

Identity Theft

by George Snodgrass
Investigations Administrator

Identity theft could happen to you! There are many ways you could become a victim of identity theft including loss or theft of your license as a Registered Professional Nurse (RN) or Licensed Practical Nurse (LPN).

Each licensed professional is cautioned to take extra care to protect their license from falling into the wrong hands. The loss or theft of a nurse’s identity can result in a nurse impostor becoming employed in a profession for which they are not qualified or trained. Identity theft is a crime under RSMo 570.223. Should your nursing license be lost or stolen it should be reported to your local law enforcement authorities as soon as possible. The Missouri State Board of Nursing should be notified by mail that the license has been lost or stolen. The letter will be maintained in your file. Send the information to MSBN, PO Box 656, Jefferson City, MO 65102.

Nurse impostors often present to the prospective employers a photocopy of a nurse license (RN or LPN) which has in some way been altered. The following are some of the reasons why these impostors are successful in their efforts to obtain employment fraudulently:

1. Their persistence and boldness when speaking with a prospective employer.

2. The willingness of a prospective employer to accept a photocopy of a nurse license rather than requiring the original license to be produced.
3. Failure of the employer to verify the nursing license number and name of the prospective employee through the State Board of Nursing.
4. Prospective employers neglecting to verify education and previous employment.

Facilities are often understaffed due to the nursing shortage, but care must be taken to ensure qualified individuals are hired. Prospective employers can be a deterrent to impostors by requiring any applicant to produce original documents (nursing license, driver’s license, social security card, etc.). Inspect the documents to ensure authenticity. Copies should be made and retained in a secure location for future reference. One or more of the documents of identification should bear a picture of the applicant. The license number and name of the applicant can be verified by contacting the Missouri State Board of Nursing at 573-751-0681.

The discovery of a nurse impostor should be reported to the State Board of Nursing and local authorities. The state board will investigate the matter and refer the findings to the prosecuting attorney of the county of jurisdiction when appropriate.

For more information about identity theft go to www.consumer.gov/idtheft. This U.S. government central Web site provides valuable information on minimizing your risk, what to do if you’re a victim, and how to file a complaint. Press releases and further information on recent identity theft-related cases and warnings regarding various types of scams are also available.

Practice Corner

by Rita Tadych, PhD, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee

Janet Anderson MBA, RN
Arthur Bante, BSA, RN, CRNA
Kay Thurston, ADN, RN
Robin Vogt, PhD, RN, FNP-C, Chair
Charlotte York, LPN

"NO ONE TOLD ME...NO ONE NOTIFIED ME..."

Through its Newsletters that arrive at your home four times a year and through its Web site that is available to you ‘twenty-four-seven,’ the Missouri State Board of Nursing provides you with current, readily available, and pertinent information.

Through your initiative to mail, phone, fax, or e-mail Administration, Education, Licensure, Practice, Investigations, or Discipline staff at the Board office with your particular questions or concerns, you will also obtain current information that will enhance your understanding, facilitate your practice, and assist you in making informed choices. Should you want

your perspectives, questions, or concerns conveyed to and addressed by the members of the Missouri State Board of Nursing, Board staff can also guide you in accomplishing this objective.

To ensure particular information of a time-sensitive nature is conveyed to certain individuals/nurses or groups of applicants or licensees, such as renewal and other notices/notifications, first class mailings are made from the Board office to your last known mailing address.

Although the above avenues are in place to assist you in your nursing careers, one shortcoming I can see is that there is no way to make certain that you:

- (a) read the Newsletter articles or mailings;
- (b) bookmark and use the Board Web site regularly;
- (c) contact the Board office with questions or concerns; or
- (d) keep your address up-to-date with the Board.

Clearly, two-way communication and collaboration is a requirement to make this information system work.

If there are additional ways in which the Board can enhance this exchange process, please communicate your ideas or suggestions to the Board.

"I LOOKED BUT I COULDN'T FIND WHAT I NEEDED ON THE BOARD'S WEB SITE..."

In an effort to facilitate finding what you need on the Board of Nursing’s Web site, what follows is a digest of what is currently contained within each of the 23 green buttons you see when you go to the Missouri State Board of Nursing Web site



Tadych

page:
www.ded.state.mo.us/regulatorylicensing/professional-registration/nursing

(Please note this is a revised web site address.)

If you do not own your own computer, this digest may let you know that a visit to the computer at your library or to your friend’s home and his/her computer may be warranted.

Because you can only open some of the information on state Web sites if you have a current upgrade of Adobe Acrobat Reader, please consider whether you need to go to www.adobe.com to download Acrobat Reader to the computer you are using.

GREEN BUTTONS

Board Membership

Provides a list of the current Board members, their credentials, and their city of residence.

Nursing Practice Act

Allows you to access the most up-to-date version of Missouri State Board of Nursing’s Nursing Practice Act statutes (Chapter 335) and regulations (4 CSR 200-1.010 through 4 CSR 200-6.010).

NCLEX.

Gives NCLEX, licensure examination and review information, testing center locations in Missouri, and test development and examination reader recruitment information.

Schools of Nursing

Identifies the accredited nursing programs in Missouri and NCLEX, licensure examination pass rates.

Focus on Practice

Provides practice-related information that includes, but is not limited to, the following:

- (a) Statute and rule definitions, legislative and rulemaking processes, and list of specific statutes and rules beyond the Nursing Practice Act that may regulate the practice of nursing,
- (b) RN and LPN scope of practice information, which includes accessing the LPN/IV Therapy rule,
- (c) Board position statement and other information on the use of unlicensed assistive personnel (UAPs), including allocation of nursing resources (e.g., delegation and supervision),
- (d) Missouri State Board of Nursing position statements (there are six at this location),
- (e) Ready Web References, a listing of various state government web sites to assist in obtaining primary source information -- statutes, rules, proposed rules, pending legislation, and so forth, and
- (f) FAQs from past Board Newsletter’s Practice Corner articles (1999-present).

Office Hours

Identifies regular Board Office hours and lists the holidays when the office is not open for business.

IV Therapy Programs

Provides complete information on approved LPN/IV

Therapy courses in Missouri; especially pertinent to LPNs who endorse to Missouri or to Missouri LPNs not yet IV certified in Missouri.

Related Links

Gives other links that may be assistive to nurses.

About the Board

Describes general and specific past and present information about the Board (e.g., brief history, legislative authority, numbers of licensees, average time to process applications, renewal time frames, and Board member appointment and role).

Board News

Discusses mutual recognition and provides updates on numbers of licensees in Missouri.

Board Meetings

Gives dates, tentative agenda, and location for Full Board meetings, and provides same information for Board Committee conference calls and meetings.

Licensure Info/Forms

Addresses questions regarding prior criminal history and disciplinary actions, securing licensure in another state, and pursuing licensure when one is a foreign-educated applicant; contains Board position statement regarding requests for NCLEX, examination modifications; also has forms to be used for:

- (a) Renewal of an expired license,
- (b) Application by endorsement from another state,
- (c) Application for licensure by examination, and
- (e) Duplicate license requests.

How to File a Complaint

Includes a complaint report form and specific information and resources regarding making a complaint.

Questions Asked? Questions Answered!

Has general information about the Board’s Web site and allows one to examine responses to commonly asked areas of questioning.

Advanced Practice

Provides application and practice-related information concerning advanced practice nursing in Missouri; information includes, but is not limited to, the following:

- (a) Application for Eligibility to Practice as and Use Title of an Advanced Practice Nurse,
- (b) Form for duplicate Document of Recognition,
- (c) Reimbursement information (e.g. Medicare, Medicaid),
- (d) Board-accepted certifying bodies and how to contact the certifying bodies,
- (e) Advanced practice nurse title guidelines,
- (f) Advanced practice nurse recognition summaries, published periodically,
- (g) FAQs from past Board Newsletter’s Practice Corner articles (1999-present)
- (h) Advanced practice and collaborative practice laws and

Practice Corner cont. on pg. 10

Practice Corner cont. from pg. 9

- resources, and
- (i) Related links.
 - [Newsletter](#)
Includes previously published Board Newsletters in their entirety beginning with February, March, April 2002.
 - [Staff](#)
Specifies the Board staff who work in the sections of Administration, Discipline, Education, Complaints/Investigations, Licensure, or Practice.
 - [Directions to the Board of Nursing](#)
Tells you how to get to the Board Office from various starting points in the state.
 - [Licensee Directory](#)
Refers you to the downloadable directory of licensees location.
 - [Discipline](#)
Defines censure, probation, suspension, and revocation and directs you to statutory references.
 - [Fees](#)
Details RN, LPN, and Miscellaneous fees.
 - [Disclaimer](#)
Identifies the parameters of the Missouri State Board of Nursing web site.
 - [Renewal Information](#)
Provides information regarding RN and LPN renewal, name and address change, and lost or stolen license.

FREQUENTLY ASKED QUESTIONS

- Q: I am an advanced practice nurse who just signed a collaborative practice arrangement, specifically a written agreement, with a physician. Do I have to submit a copy of our collaborative practice arrangement to the Board when we sign one?**
- A: There is nothing in the regulation, 4 CSR 200-4.200 Collaborative Practice, that specifies that either you or the physician must send a copy of your collaborative practice arrangement in to your respective Board whenever you sign one. An example of when a copy of your collaborative practice arrangement may be requested by the Board of Nursing would be if there were a complaint filed against your license.
- Q: I am an advanced practice nurse and have just terminated a collaborative practice arrangement with a physician. Do I have to submit a copy of my required written notice of termination to the Board of Nursing?**
- A: Although the regulation, 4 CSR-200-4.200 Collaborative Practice, Section (3)(H), requires you to put your notice of termination in writing, there is nothing in the regulation that requires you to send a copy of your written notice of termination to the Board of Nursing. An example of when a copy of your collaborative practice arrangement and any subsequent written notice of collaborative practice arrangement termination may be

requested by the Board of Nursing would be if there were a complaint filed against your license.

- Q: I am an advanced practice nurse in another state where I have my own DEA number. Will I be able to transfer that DEA number to Missouri once I hold a RN license and Document of Recognition from Missouri?**
- A: Missouri-licensed RNs who hold a Document of Recognition to title and practice as advanced practice nurses are not eligible for DEA numbers because advanced practice nurses in Missouri do not have prescriptive authority for controlled substances. Please review the statute, 195.070, RSMo, (www.moga.state.mo.us/STATUTES/STATUTES.HTM) and the regulation, 4 CSR 200-4.200, Section (3)(I)9. (www.sos.state.mo.us).
- Q: I am a Board of Nursing-recognized family nurse practitioner in a collaborative practice arrangement with a physician. I do high school preparticipation sports examinations. Is my collaborating physician required to cosign/countersign the Missouri State High School Activities Association (MSHSAA) Preparticipation Sports Examination Form after I complete the physical examination and form?**
- A: Consistent with the MSHSAA bylaw and examination form itself, collaborating advanced practice nurses who perform the sports examination will place only their signature on the "Provider's/Physician's signature" line and the collaborating advanced practice nurse provider will write in the name of their collaborating physician on the "Physician's Name" line. Cosignature/countersignature by the collaborating physician on the examination form is not required.
- Q: I am a RN or LPN and find I am being asked to do more and more things on the unit. I wonder whether what I am being asked to do exceeds my license authority. Where do I begin to look for guidance?**
- A: Reviewing the RN or LPN scope of practice materials at the Board's Web site under the FOCUS ON PRACTICE button may assist you in clarifying the legal parameters of your practice. If your practice includes delegation and supervision of unlicensed assistive personnel (UAPs), the FOCUS ON PRACTICE button also has helpful information in this area.



Licensure Corner

by Lori Scheidt, BS
Acting Executive Director

**Missouri State Board of Nursing
Licensure Committee Members:**

- Janet Anderson, RN, MBA, Chair
- Cordelia (Dee) Esry, PhD, RN
- Teri A Murray, PhD, RN
- Robin Vogt, PhD, RN, FNP-C
- Charlotte York, LPN

**LPN License Renewal
LPN licenses expired May 31,**

2002. If you are a LPN and do not have a license with an expiration date of May 31, 2004, you are not legally able to practice nursing in Missouri. If you need information about renewing your license contact our office. Our office is staffed Monday through Friday from 8 a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

**VERIFY LICENSES AND CURRENT DISCIPLINE
ONLINE**

You can verify a nursing license at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee's name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

**Commonly Asked Licensure Questions
Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?**

Contact the Department of Health & Senior Services at (573) 526-5686.

Where do I call to verify an Emergency Medical



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Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form **with a \$30 money order.**

VERIFICATION OF A LICENSE

You can verify licenses on-line at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back to you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse's name and license number. E-mail the list to nursing@mail.state.mo.us.

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year of license fol-

lowed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the Web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8 a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- On-Line Licensee Search at www.ecodev.state.mo.us/pr

Graduate Nurse Practice

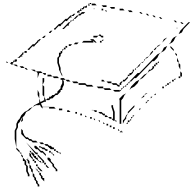
The Rule

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an **Authorization to Release Confidential Information** form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization



Licensure Corner cont. on pg. 12

Licensure Corner cont. from pg. 11

form is included with this article.

After the Examination
Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation
Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision
According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

Education Corner



by Marilyn K. Nelson, RN, MA
Education Administrator

**Missouri State Board of Nursing
Education Committee Members:**

Cordelia Esry, PhD, RN
Janet Anderson, MBA, RN
Art Bante, BSA, RN, CRNA
Teri Murray, PhD, RN
Charlotte York, LPN

Introduced in 1983, the section of the rules of the Nursing Practice Act dealing with Intravenous Fluid Treatment Administration was last revised in 1995. As mentioned in the last issue, the Education Administrator oversees courses for LPNs to become IV Certified. Since practical nursing programs have now incorporated IV Therapy into their curriculums it was not only time to review the rules but also the inconsistencies identified needed to be revised. Therefore, a task force was established to work on revising 4 CSR 200-6.010 Intravenous Fluid Treatment Administration. The task force includes Dr. Teri Murray, Board member; Dr. Rita Tadych, Practice Administrator; Darnell Roth, RN, CRNI, LNC; Mary E. Stassi, RNC; and myself. Darnell Roth is president of DR Intravenous Therapy Consulting, Inc. in St. Louis and has been one of the principal authors of the instructional manual since its inception. Mary Stassi is the Health Occupations Coordinator at St. Charles Community College in St. Peters, Mo., and also president of Professional Medical Consultants. She and Darnell served as technical writers of the 2001 edition of the IV instruction manual. Other registered professional nurses and licensed practical nurses involved in practice and/or education have been contacted and will be included as participants in the work of the Task Force as needed in the future. Thus far, the core group of the task force has been working on preliminary reorganization of content and language changes to create a working draft for review by all of the task force members.

Currently, there are 60 courses approved by the Board of Nursing to certify LPNs in IV Therapy. These courses are offered by vocational/technical centers, community colleges, hospitals, nursing homes, pharmacies and infusion therapy services. The purpose of approving such courses is to insure that LPNs will be taught the knowledge and skills needed to be competent in the administration of intravenous therapy as defined in their scope of practice as



Nelson

stated in the rules. To determine that there is uniformity amongst the courses, the Board of Nursing has approved the current edition of what is presently titled the "LPN Intravenous Fluid Therapy Course" produced by the Instructional Materials Laboratory (IML) at the University of Missouri – Columbia. This manual has recently been revised and is to go to press by Aug. 1, 2002. If the agency/provider of the course chooses not to use this approved manual of instruction, then a curriculum with the specified components as stated in the rule must be developed and submitted. All of the current approved courses are utilizing the manual published by IML.

The name of the manual will be changed to "Intravenous Fluid Treatment Administration Course" in anticipation that its usage may be increased. The manual covers all aspects of intravenous therapy including, but not limited to, the appropriate anatomy and physiology, equipment, principles of pediatric and geriatric IV therapy, IV piggyback drug administration, precalculated and prepackaged drug systems, and information regarding total parental nutrition, blood transfusions, and chemotherapy. The manual would be a good reference for nursing education and hospital libraries and could be used for nursing inservices and orientation. It is divided into sections and each section has corresponding test questions to aid in determining the learner's understanding.

The course must consist of 40 hours of classroom instruction and eight hours of clinical practice, which must include at least one actual initiation of an IV treatment. In the clinical setting the faculty to student ratio is to be no more than 1:3 and 1:1 during the actual initiation of IV therapy. The LPN must achieve 80% on a written final examination and demonstrate mastery of the clinical objectives of the course. The rule establishes faculty qualifications, admission criteria, the maintenance of records and the procedure for notifying the Board of Nursing that a LPN has satisfactorily completed the course.

To obtain approval, the sponsoring agency/provider must submit a proposal written by a RN who is currently licensed to practice in Missouri. The proposal must include all the requirements that I've mentioned thus far, and describe the training facilities. Copies of written agreements with cooperating clinical facilities are also required. Once a complete proposal has been submitted, it is reviewed and the agency/provider is notified of approval status. After approval status has been granted, the sponsoring agency/provider is required to submit an annual report to the Board.

The task force is currently looking at the educational and procedural aspects of LPN IV certification. When the task force focuses more on practice issues, Dr. Rita Tadych will provide updates regarding the practice-related issues. As the revision work progressed, it was identified that the wording of RSMo 335.017, which became effective in 1983, will also need to be revised. We will keep you informed of the progress of the task force. We hope to have the work done by the end of this year.

CORRECTIONS: A couple of corrections from the last issue of the Newsletter are in order. First, Dr. Teri Murray's credentials were not correctly stated and I apolo-

gize for that. Secondly, I did not correctly state the name of the organization for which CCNE is an acronym. The organization is the Commission on Collegiate Nursing Education, a nationally recognized accrediting agency for baccalaureate and graduate programs in nursing education. The Commission identifies the status of its programs on its Web site at www.aacn.nche.edu/accreditation. Also, you can obtain a copy of the Commission's "Directory of Accredited Baccalaureate and Master's Degree Programs in Nursing" by contacting the CCNE office at One Dupont Circle, NW, Suite 530, Washington, D.C. 20036-1120. As long as I'm correcting information, I should mention that the accrediting arm of NLN is now known as the National League for Nursing Accrediting Commission ----- NLNAC. The NLNAC accredits baccalaureate degree, associate degree, diploma and practical nursing programs. The Web site for NLNAC is www.nlnac.org and the address is 61 Broadway, New York, NY 10006.

The Board of Nursing has been notified of a free program regarding immunization that those teaching in nursing education programs and health care facilities may find useful. "Teaching Immunization Practices (TIP) for Nurses" is a comprehensive ready to use curriculum manual for all levels of nursing education. The Association of Teachers of Preventive Medicine developed the program in partnership with the National Immunization Program at the Centers for Disease Control and Prevention and Health Soft, Inc. The curriculum contains modules with a series of lessons that cover Principles of Immunization, Basic Principles of Vaccine Use and Immunization Practice, and Delivery and Program Design. The program can be downloaded onto your computer which allows nurse educators to develop their own immunization education lesson plans. Go to www.healthsoftonline.com/portal/tip.asp to download the program. I thank Peggy Neale-Lewis RN, BA, CPHQ, Clinical Project Manager at the Missouri Patient Care Review Foundation, for informing the Board of Nursing of this educational resource.

Many of the practical Nursing programs have or will be holding graduations during July and August. I wish the students well on the NCLEX-PN® and know that they will be welcomed additions to the staffs of health care facilities.

Summary of Actions - June 2002

Administrative Matters
The following Board members were elected as officers for the upcoming fiscal year:
President: Robin Vogt, PhD, RN, FNP-C
Vice President: Charlotte York, LPN
Secretary: Teri Murray, PhD, RN

Education Matters
Changes in Curriculum – The following schools requested and were approved for changes in curriculum:
• Ozarks Technical Community College, Practical Nursing Program #17-198
• Lester L. Cox College of Nursing & Health Sciences, Associate Degree Nursing Program #17-425
• State Fair Community College, Practical Nursing Program #17-182
Student Enrollment Increases - The following schools requested and were approved for increases in student enrollment:
• Crowder College Associate, Degree Nursing Program #17-410
• Penn Valley Community College, Associate Degree Nursing Program #17-465
• Lester L Cox College of Nursing & Health Sciences, Associate Degree Nursing Program #17-425
Full Accreditation Granted – The following school was granted full accreditation:
• Three Rivers/Sikeston Associate Degree Nursing Program #17-437
Relocation – The following schools requested and were approved for changes in location.
• Southeast Missouri Hospital College of Nursing & Health Services, Associate Degree Program #17-424 (addition of new building)
• Northland Career Center AVTS, Practical Nursing Program #17-102 (temporary relocation)

New Programs: The following schools requested establishment of new programs:
• Southwest Missouri University, Springfield (letter of intent to establish a generic BSN program accepted)
• Concorde Career Centers, Kansas City (initial approval to establish Practical Nursing program accepted)
• Applied Technology Services, West County (letter of intent to establish a PN Program as an additional site at MET Center, Inc., St. Louis, Mo., accepted)
Annual Reports: The annual reports for 29 Associate Degree Program schools were approved.
5- Year Paper Survey: The 5-year Paper Survey was approved for St. Louis Community College/Forest Park, Associate Degree Program #17-476

Discipline Matters
The Board held 4 disciplinary hearings and 9 violation hearings.
The Discipline Committee reviewed 176 RN cases, 94 PN cases, 9 Litigation items and 146 disciplined licensee-meeting reports.

Licensure Matters
The Licensure committee reviewed 23 applications. Results of reviews as follows:
Requests for exam modifications approved – 1
Applications approved – 17
Application denied – 1
Review of application tabled – 1
Applications approved with probated licenses – 3

Practice
The Practice Committee reviewed 10 scope of practice clarification requests and 2 advanced practice nurse recognition applications.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

| Name | License Number | Violation | Effective Date of Restricted License |
|-----------------------------------|----------------|---|--------------------------------------|
| STEPHEN M. BRYAN PALMYRA, MO | RN 058718 | Section 335.066.1 and .2 (1) (2) (5) (8) (12) (14) RSMo In 6/91, Licensee was placed on probation relative to the discipline of his Michigan nursing license based on drug diversion and DWI. Licensee relapsed 11/93 and received further disciplinary action on his Missouri nursing license. On 6/24/98, Licensee pled guilty to DWI. Licensee received inpatient treatment from 4/98 to 11/98. | 3/25/02 to 3/25/05 |
| PAMELA MCCRARY PATTONSBURG, MO | RN 110287 | Section 335.066.1 and .2 (2) RSMo On 8/26/99, Licensee pled guilty to 15 counts of forgery, a class C felony. On 1/26/00, Licensee pled guilty to burglary in the second degree, a class C felony. | 3/25/02 to 3/25/05 |

CENSURED LIST

| Name | License Number | Violation | Effective Date of Censured License |
|--|------------------------|---|------------------------------------|
| LORETTA L. ANDREWS MANSFIELD, MO | PN 018165 | Section 335.066.2 (5) (12) RSMo On 6 occasions in 1999, Licensee visited the home of a home health patient and falsely documented the patient as having been present. The Licensee filled out the forms concerning the patient based on statements of the patient's wife and the wife signed the patient's name. | 4/11/02 |
| SHIRLEY E BARNES UNIVERSITY CITY, MO | PN 039069 | Section 335.066.2 (5) (12) RSMo On 4/2/01, Licensee accidentally dropped a Lortab down the sink and asked another nurse on duty to sign off as a witness in the wastage, this nurse was not present and did not witness the wastage. Licensee forged the name of a fellow nurse as having witnessed the wastage. | 4/3/02 |
| MICHAEL C. BROWN SPRINGFIELD, MO | RN 082218 | Section 335.066.2 (6) RSMo From 7/1/97 until 12/1/00, Licensee was employed by various dentists as a CRNA without being recognized by the Missouri State Board of Nursing. | 3/7/02 |
| PATRICIA M. BRYANT EUDORA, KS | RN 078543 | Section 335.066.2 (5) (12) RSMo On 7/24/01, Licensee's patient's diabetic mother requested insulin from the licensee for the mother's elevated blood sugar. The licensee, without a physician's order, mixed and then gave the syringe to the mother for self administration. | 5/17/02 |
| ERIS BYRD BLYTHEVILLE, AR | PN 053924 | Section 335.066.2 (1) (14) RSMo On 4/5/00, Licensee tested positive for the presence of Marijuana. On 4/5/00, Licensee unlawfully possessed and consumed Marijuana. | 5/2/02 |
| MARY M. CARMACK FENTON, MO | RN 150148 PN 044692 | Section 335.066.2 (5) (12) RSMo In 1/01, Licensee, after drawing blood from a patient, failed to properly sheathe and secure the syringe before leaving the patient's room. The Licensee, while engaged in a conversation with a fellow nurse, accidentally punctured the finger of the nurse with the unsheathed, unsecured, used needle. | 4/3/02 |
| TINA R. DODSON KANSAS CITY, MO | PN 032173 | Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/00 to 7/23/01. | 3/29/02 |
| CHARLES W. FERGUSON SHAWNEE MISSION, KS | RN 116481 | Section 335.066.2 (1) (5) (12) (14) RSMo Between 10/8/99 and 12/24/99, Licensee misappropriated Hydrocodone, Morphine, and Oxycodone for his personal consumption. | 5/9/02 |
| DIANA L. FRAZIER INDEPENDENCE, MO | PN 058548 | Section 335.066.2 (1) (14) RSMo On 4/18/01, Licensee tested positive for the presence of Marijuana. On 4/18/01, Licensee unlawfully possessed and consumed Marijuana. | 4/24/02 |
| BILLIE S. GAINES FAYETTE, MO | PN 044881 | Section 335.066.2 (5) (12) RSMo On 3/7/00 Licensee gave a resident the wrong medication; on 4/24/00, Licensee misread an order and gave a resident the wrong medication; on 6/12/00, Licensee failed to chart the administration of MS Contin; and on 6/13/00, Licensee failed to read a note in a resident's MAR resulting in Licensee not properly administering medication to a resident for several days. | 4/24/02 |
| LORI A. GELAKOSKI-ZUBE PLATTSBURG, MO | RN 127215 | Section 335.066.2 (1) (12) (14) RSMo During 6/01, the Licensee unlawfully possessed and consumed Marijuana on more than one occasion. | 5/4/02 |

Censured List cont. on pg. 17

Censured List cont. from pg. 16

CENSURED LIST

| Name | License Number | Violation | Effective Date of Censured License |
|--|----------------|---|---------------------------------------|
| JOSEPH A. GENOVESE MEXICO, MO | RN 100229 | Section 335.066.2 (5) (6) (12) RSMo Practiced as a family nurse practitioner from 7/1/97 to 5/24/01 without being duly recognized by the Missouri State Board of Nursing. | 4/16/02 |
| LAVAN J. HARRIS JEFFERSON CITY, MO | RN 137988 | Section 335.066.2 (2) RSMo On 1/15/91, 11/1/91, 3/24/97, and 11/15/99; Licensee pled guilty to driving while intoxicated. On 5/17/99, Licensee was found in violation of the conditions of his court probation. | 4/16/02 |
| KATHY L. JAMES LATHAM, MO | RN 115805 | Section 335.066.2 (12) RSMo Licensee administered Methergine I.M. to a patient without a physician's order. | 4/17/02 |
| LYDIA JOHNSON WEBSTER GROVES, MO | PN 020664 | Section 335.066.2 (8) RSMo On 1/25/01, Licensee's Georgia nursing license was disciplined by the Georgia Board of Examiners of Licensed Practical Nurses. This action was relative to the licensee's failure to document and notify the physician of a patient's fall wherein the patient sustained a fractured leg. Initially, Licensee stated there were no unusual occurrences during her shift. | 3/14/02 |
| LISA M. KELLER-STICH SPRINGFIELD, MO | RN 155971 | Section 335.066.2 (5) (12) RSMo Since Licensee could not locate the physician that performed her surgery, Licensee forged a physician's signature on a Nevada prescription form to inform her employer that the reason for her absence from work was surgery. | 5/9/02 |
| SPENCER P. KIRK COLUMBIA, MO | PN 052126 | Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/00 to 7/17/01. | 5/9/02 |
| CHARLOTTE A. MCKENNEY COLUMBIA, MO | RN 117288 | Section 335.066.2 (5) (6) (12) RSMo Practiced on a lapsed license from 5/1/99 to 4/2/01. | 3/6/02 |
| CATHERINE E SAUNDERS MACON, MO | RN 121287 | Section 335.066.2 (5) (12) RSMo On 1/00, 2/11/00, and 2/14/00, Licensee performed debridement on residents without a physician's order. | 5/2/02 |
| KATHI A. SMITH BLOOMFIELD, MO | RN 112203 | Section 335.066.2 (5) (12) RSMo On 5/23/01, the Licensee terminated her employment at a facility and left the facility before her replacement nurse arrived. | 4/3/02 |
| LILLIAN I. WATSON WALNUT GROVE, MO | RN 111532 | Section 335.066.2 (5) (12) RSMo Licensee received a physician's order to discontinue the administration of Darvocet N-100 and begin the administration of Morphine to a patient. Licensee knowingly administered the Darvocet N-100 instead of the Morphine. | 4/4/02 |

PROBATION LIST

| Name | License Number | Violation | Effective Date of Probation |
|--|------------------------|--|--|
| MICHELLE A. BELANGER-LEAMON ALTON, IL | RN 119311 | Section 335.066.2 (1) (5) (12) (14) RSMo From 3/29/00 through 4/1/00, Licensee misappropriated Demerol from the Center for her personal consumption. | 5/2/02 to 5/2/07 |
| LINDA D. BROWN ESSEX, MO | RN 128043 PN 046810 | Section 335.066.2 (1) (12) (14) RSMo Beginning in March 2001, Licensee unlawfully possessed and consumed Methamphetamines on an ongoing basis. On 7/1/01, Licensee unlawfully possessed and consumed Methamphetamines. On 7/2/01, Licensee tested positive for the presence of Amphetamines and Methamphetamines. | 4/24/02 to 4/24/04 |
| REGENA L. CASEY GREENWOOD, SC | RN 2001031311 | Section 335.066.2 (5) (6) (7) RSMo Licensee began working as a nurse on 10/10/00, prior to the issuance of a temporary permit, which occurred on 10/18/01. Licensee continued employment until 5/18/01, the temporary permit was valid until 4/18/01. | 12/18/01 to 12/18/2002 |
| LISA K. DIMIRSKY NIXA, MO | RN 122329 | Section 335.066.2 (1) (5) (12) (14) RSMo In 6/99, Licensee began misappropriating Demerol, Fentanyl, and Morphine for her personal consumption on an ongoing basis. In 1/00, the Licensee was placed on leave by the facility to undergo treatment and returned to work under a return to work agreement. In 8/00, the Licensee misappropriated Fentanyl and Darvocet and forged a prescription for Demerol. | 4/11/02 to 4/11/07 |
| LAURA M. DOELLING ST LOUIS, MO | RN 092502 | Section 335.066.2 (5) (12) RSMo On 3/25/99, Licensee removed Tylenol and/or Percocet from coworker's purse without permission. | 3/14/02 to 3/14/03 (or until licensee completes CEU requirement) |
| NINA R. DORSEY ST. LOUIS, MO | PN 057122 | Section 335.066.2 (2) RSMo On 3/13/01, Licensee pled guilty to third degree assault. | 5/22/02 to 5/22/03 or until ceu requirement is completed. |
| JYL L. GOIN WARSAW, MO | PN 037880 | Section 335.066.2 (1) (5) (12) (14) RSMo Between August and December 2000, Licensee misappropriated blank prescription forms. She forged at least 11 prescriptions for Percocet by filling out blank prescription forms and signing the names of 2 doctors. Licensee filled the forged prescriptions at local pharmacies. | 4/3/02 to 4/3/04 |
| JEFFREY N. GOLDHOFF SPRINGFIELD, MO | RN 2000166114 | Section 335.066.2 (5) (12) RSMo In 10/00 and 11/00, Licensee failed to perform acceptably and committed errors in the administration of medication. | 4/10/02 to 4/10/03 |
| LESLIE DAWN GRAF ST. JOSEPH, MO | PN 1999136865 | Section 335.066.2 (2) RSMo On 3/10/98, Licensee entered a plea of guilty to driving a motor vehicle with excessive blood alcohol content. On 10/18/00, Licensee entered a plea of guilty to driving while intoxicated. | 3/9/02 to 3/9/05 |
| SHARON K. GRIFFIN INDEPENDENCE, MO | RN 085032 | Section 335.066.2 (5) (12) RSMo On 4/14/00, licensee failed to document any nurses notes on a fresh post-op patient during a 12 hour period. On 10/13/00, licensee failed to follow physician orders on a post-op patient resulting in medication errors. | 3/29/02 to 03/29/2003 |

Probation List cont. from pg. 18

PROBATION LIST

| Name | License Number | Violation | Effective Date of Probation |
|---|-------------------------|---|--|
| C. VICTORIA GUBANY ST LOUIS, MO | RN 093385 | Section 335.066.2 (1) (2) (14) RSMo In 1997, licensee began altering and forging prescriptions in order to receive Tussionex. As a result of the conduct, the licensee pled guilty to fraudulently attempting to obtain a controlled substance. | 4/10/02 to 4/10/05 |
| ELIZABETH HAGAR BONELLO LEE'S SUMMIT, MO | RN 122675 | Section 335.066.2 (1) (5) (12) (14) RSMo From 6/7/99 to 6/7/00, Licensee misappropriated Morphine on an ongoing basis for personal consumption. On 6/7/00, Licensee misappropriated at least 2 Morphine syringes while on duty for personal consumption. | 5/9/02 to 5/9/05 |
| SHERYL M. NEUMANN BALLWIN, MO | RN 100294 | Section 335.066.2 (2) RSMo On 12/8/00, Licensee pled guilty to obtaining Hydrocodone by misrepresentation, fraud, or deception. | 3/9/02 to 3/9/06 |
| KAREN PARRISH IMPERIAL, MO | RN 110469 | Section 335.066.2 (1) (5) (12) (14) RSMo In 8/99, Licensee began misappropriating Percocet for her personal consumption. | 1/19/02 to 1/19/04 |
| RENEE A. RESPRESS ST. LOUIS, MO | RN 130586/ RN 094740 | Section 335.066.2 (2) RSMo On 5/1/01, Licensee entered a plea of guilty to Class C Felony of Stealing by deceit. | 5/18/02 to 5/18/04 |
| GREGORY M. SMITH ST. LOUIS, MO | RN 098134 | Section 335.066.2 (8) RSMo On 1/19/01, Licensee's California nursing license was revoked by the California Board of Registered Nursing. | 4/20/02 to 4/20/04 |
| STEPHEN C. STONE COLUMBIA, MO | RN 148855 | Section 335.066.2 (5) (12) RSMo On 2/1/00, licensee failed to perform appropriate conscious sedation monitoring on a patient; on 2/6/00, licensee failed to document the vital signs of a patient receiving caffeine medication;on 3/20/00, the licensee failed to monitor a patient's heart rate during the administration of Dilantin; and on 4/4/00, the licensee failed to administer Rocephin to a patient per physician orders. | 4/10/02 to 4/10/03 (or until licensee completes CEU requirement) |
| LISA WAGNER PRINCETON, MO | RN 113170 | Section 335.066.2 (2) RSMo On 7/11/96 and 8/17/98, Licensee pled guilty to the class C felony of possession of a controlled substance. | 3/5/02 to 3/5/06 |
| BILLY G. WILLIAMS ST. CHARLES, MO | PN 055664 | Section 335.066.2 (5) (12) RSMo On 2 occasions in 2/01, Licensee withdrew one Morphine 10 mg ampule from the pyxis, documented that he gave a particular amount IV push and wasted the remainder with a witness. Licensee failed to administer the morphine, placed the syringes in his desk drawer, and there were no witnesses to the wasting. | 4/11/02 to 4/11/04 |

SUSPENSION/PROBATION LIST

| Name | License Number | Violation | Effective Date of Suspension | Effective Date of Probation |
|--|------------------------|--|---------------------------------|--------------------------------|
| MARY K. BULK RICHMOND, MO | RN 133632 PN 026620 | Section 335.066.2 (1) (5) (12) (14) RSMo In April 2000, Licensee misappropriated Nubain and self injected while on duty. For 2 months, beginning in April 2000, Licensee misappropriated medication, mostly Demerol and Morphine, for self injections while on duty. | 2/20/02 to 2/20/03 | 2/20/03 to 2/20/08 |
| JAMES M. GLAENZER ST. CHARLES, MO | RN 2000149142 | Section 335.066.2 (1) (5) (12) (14) RSMo From 10/8/99 to 4/15/00, Licensee misappropriated Darvocet for his personal consumption. In September 2000, Licensee misappropriated Percocet, Lortab, and Demerol for his personal consumption. From 9/20/00 to 9/24/00, Licensee misappropriated Percocet, Vicodin, and Demerol for his personal consumption. In October 2000, Licensee misappropriated Demerol for his personal consumption. | 4/27/02 to 4/27/03 | 4/27/03 to 4/27/08 |
| BRENDA RANDOLPH ST LOUIS, MO | RN 077997 | Section 335.066.2 (1) (2) (5) (12) (14) RSMo On 3/9/01, the Licensee pled guilty to 3 counts of fraudulently attempting to obtain a controlled substance. From 6/00 to 3/01, the Licensee misappropriated Morphine and Demerol from the pyxis machine under patient names. | 3/20/02 to 3/20/03 | 3/20/03 to 3/20/08 |
| MEME D. TRACY FLORISSANT, MO | RN 115034 | Section 335.066.2 (2) RSMo On 11/12/98, Licensee entered a plea of guilty to Count I-felony possession of a controlled substance-Cocaine base, Count II-misdemeanor possession of Marijuana and Count III-misdemeanor possession of drug paraphernalia. | 2/23/02 to 2/23/03 | 2/23/03 to 2/23/07 |
| DEBRA S. ZELLER JEFFERSON CITY, MO | PN 037051 | Section 335.066.2 (2) RSMo On 5/17/99, Licensee entered a plea of guilty to 2 counts of forgery. On 5/17/99, Licensee entered a plea of guilty to 1 count of Stealing. On 7/26/99, Licensee entered a guilty plea to 2 counts of forgery. | 2/7/02 to 2/7/05 | 2/7/05 to 2/7/10 |

REVOCATION LIST

| Name | License Number | Violation | Effective Date of Revocation |
|---|----------------|--|------------------------------|
| KAREN S HALL WARRENTON, MO | PN 047900 | Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. | 5/31/02 |
| JENNIFER A. ROSENAUER CHESTERFIELD, MO | PN 057404 | Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. | 5/31/02 |
| DORIS A VERMILLION-SLIVON KANSAS CITY, MO | PN 038387 | Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. | 5/31/02 |

VOLUNTARY SURRENDER LIST

| Name | License Number | Effective Date |
|--|------------------------|----------------|
| BELINDA BRANDT LITTLE KANSAS CITY, MO | RN 143682 | 5/3/02 |
| JOAN A. DAVIS KANSAS CITY, MO | RN 126373 | 2/21/02 |
| HAZEL R. DODD BROOKFIELD, MO | PN 046711 | 3/28/02 |
| ERIN D. FARRIOR St. Louis, MO | RN 105494 | 1/18/02 |
| JANICE E. GREY ANNA, IL | RN 102192 PN 030625 | 4/23/02 |
| LINDA S. GRUZESKI ROBERTSVILLE, MO | RN 125378 | 5/4/02 |
| ROBBY L. GUINTA St Louis, MO | RN 110416 | 4/2/02 |
| LISA K. HART PRINCETON, MO | RN 122692 | 5/17/02 |
| LAURIE A. HENRY NEW MADRID, MO | PN041155 | 3/9/02 |
| REBECCA J. HUNT FULTON, MO | RN 113413 | 12/27/01 |
| NANCY J. KLUESNER CAPE GIRARDEAU, MO | RN 082742 | 4/2/02 |
| TONEY L. MCELROY ROMBAUER, MO | PN 053225 | 3/29/02 |
| PAMELA J. MCKEE HARTSBURG, MO | RN 140921 | 4/9/02 |
| *Surrender is not considered a disciplinary action under current statutes. | | |

SCHEDULE OF BOARD MEETING DATES THROUGH 2003

September 4-6, 2002
December 3-5, 2002
March 5-7, 2003
June 4-6, 2003
September 10-12, 2003
December 3-5, 2003

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.
If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.
Dates, times and locations are subject to change. Please contact the Board office for current information.

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of August 07, 2002

| Profession | Number |
|-------------------------------|--------|
| Licensed Practical Nurse | 20,481 |
| Registered Professional Nurse | 74,720 |
| Total | 95,201 |

DID YOU CHANGE YOUR NAME?

DID YOU CHANGE YOUR ADDRESS?

DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing.....” and (2) “If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”
Please feel free to use the form below to notify the board office of your name and/or address change. Once the name and/or address change has been made to the records, a letter verifying this change will be mailed to you.

NAME AND ADDRESS CHANGE NOTICE

| | | | |
|--|--|-------------------------|----------|
| 1. Is this an address change? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 2. Is this a name change? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> RN <input type="checkbox"/> LPN | | Missouri License Number | |
| OLD INFORMATION (please print): | | | |
| First Name | | Last Name | |
| Address : | | | |
| City | | State | Zip Code |
| NEW INFORMATION (please print) | | | |
| First Name | | Last Name | |
| Address (if your address is a PO Box , you must also provide a street address): | | | |
| City | | State | Zip Code |
| Telephone Number | | | |
| Please provide signature: | | | |

Duplicate license instructions:
It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and wall hanging document), and the required fee of \$15 for processing a duplicate license.
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?
If you would like to obtain a duplicate license because your license has been lost or stolen, please contact our office. Request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on the web site at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)

